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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/730,223	12/05/2003	Gregory T. Huber	S9025.0331	2462
32172 DICKSTEIN SI	7590 06/16/200 HAPIRO LLP	EXAMINER		
1177 AVENUE OF THE AMERICAS (6TH AVENUE) NEW YORK, NY 10036-2714			MCCLENDON, SANZA L	
NEW TORK, P	N1 10030-2714		ART UNIT PAPER NUMBER	
			1796	
			MAIL DATE	DELIVERY MODE
			06/16/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/730,223	HUBER ET AL.	
interview Summary	Examiner	Art Unit	
	Sanza L. McClendon	1796	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Sanza L. McClendon</u> .	(3)		
(2) <u>Carol McFarlane-Fishbert</u> .	(4)		
Date of Interview: <u>04 June 2008</u> .			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	²)∏ applicant's representative	·]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>n/a</u> .			
Identification of prior art discussed: <u>n/a</u> .			
Agreement with respect to the claims f) was reached. g)⊠ was not reached. h)□ N	I/A.	
reached, or any other comments: Ms. McFarlane-Fishbert of examine agreed to send the missing IDS. (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no coallowable is available, a summary thereof must be attached. THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OR THE SUBSTANCE OF THE INTERVIEW OF THE SUBSTANCE OF THE SUBSTA	ments which the examiner ago opy of the amendments that w d.) CTION MUST INCLUDE THE last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, V	reed would rend yould render the SUBSTANCE (been filed, APP DAYS FROM T WHICHEVER IS	er the claims claims OF THE LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)